PHARMACIST-RUN METHADONE CLINIC IN A MALAYSIAN PUBLIC HEALTH CENTER: EVALUATING PATIENT SATISFACTION AND QUALITY OF LIFE OUTCOMES
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OBJECTIVES: To assess the satisfaction and health-related quality of life (HRQoL) improvement of patients enrolled in a pharmacist-run Methadone Maintenance Therapy (MMT) program. METHODS: A cohort study design was used to measure satisfaction and to evaluate changes in HRQoL of patients after one month of receiving methadone treatment at Taiping Health Clinic. Respondent's satisfaction was measured by using an eight-item pre-validated questionnaire. A post-survey reliability analysis of the questionnaire showed a high internal consistency of the items (Cronbach’s α = 0.785). Meanwhile, the HRQoL was measured using a validated EQ-SD and EQ-VAS questionnaire that are administered by face-to-face interview in two groups in self care activity and pain dimensions. However, EQ-VAS score was significantly lower in the MMT clinic compared to rehabilitation program (mean SD = 0.227). Participants receiving MMT treatment also had lesser problems in mobility (5.60, SD = 0.99, P = 0.0001) depression, and those at-risk for depression (M—adj = 5.88, P = 0.0001) depression, and those at-risk for depression reported significantly lower MCS than controls (M—adj = 5.10, P < 0.0001) across all countries. The gap between controls and self-reported depression (b = 3.18, P = 0.0001) was significantly greater in Japan than in the EU. Both those with diagnosed (M = 46.2) and at-risk (M = 49.4) depression reported significantly lower levels of PCs than controls (M—adj = 49.6, P < 0.05), with those diagnosed with depression in the EU (M—adj = 48.2, P < 0.05) and at-risk depression (M—adj = 30.9), and at-risk for depression (M—adj = 23.3) all reported significantly more overall work impairment than controls (M—adj = 12.8%). There was also a significant interaction, such that the difference in impairment between patients diagnosed with depression and controls was significantly greater in Japan (P < 0.05). CONCLUSIONS: Levels of diagnosed and self-reported depression were lower in Japan than in Europe, yet rates of at-risk depression were higher. Although the burden of depression was substantial, the results suggest that the work impairment burden in Japan is significantly greater than in the EU.

PHM19
THE BURDEN OF DIAGNOSED, SELF-REPORTED, AND AT-RISK DEPRESSION IN CHINA AND EUROPE
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OBJECTIVES: The objective of this project was to assess the burden of depression in terms of quality of life and work impairment in the EU and China. METHODS: Data were obtained from the 2008 EU and 2009 China National Health and Wellness Survey (NHWS). Patients were categorized into four groups: diagnosed depression, self-reported depression, at-risk for depression, and controls. Differences among these groups were examined on quality of life (mental (MCS) and physical component summary (PCS) scores of the SF-12v2), as well as overall work impairment, controlling for demographics and patient characteristics. RESULTS: In the EU, 5848 patients (10.9%) were diagnosed, 2037 (3.8%) were self-reported, 13,168 (24.6%) were at-risk, and 32,471 (60.7%) were controls. In Japan, 884 (4.4%) were diagnosed, 162 (0.8%) were self-reported, 5681 (28.4%) were at-risk, and 13,273 (66.4%) were controls. After controlling for demographics and patient characteristics, differences among these groups were examined on quality of life (mental (MCS) and physical component summary (PCS) scores of the SF-12v2), as well as overall work impairment, controlling for demographics and patient characteristics. RESULTS: In the EU, 5848 patients (10.9%) were diagnosed, 2037 (3.8%) were self-reported, 13,168 (24.6%) were at-risk, and 32,471 (60.7%) were controls. In Japan, 884 (4.4%) were diagnosed, 162 (0.8%) were self-reported, 5681 (28.4%) were at-risk, and 13,273 (66.4%) were controls. After controlling for demographics and patient characteristics, differences among these groups were examined on quality of life (mental (MCS) and physical component summary (PCS) scores of the SF-12v2), as well as overall work impairment, controlling for demographics and patient characteristics. RESULTS: In the EU, 5848 patients (10.9%) were diagnosed, 2037 (3.8%) were self-reported, 13,168 (24.6%) were at-risk, and 32,471 (60.7%) were controls. In Japan, 884 (4.4%) were diagnosed, 162 (0.8%) were self-reported, 5681 (28.4%) were at-risk, and 13,273 (66.4%) were controls. After controlling for demographics and patient characteristics, differences among these groups were examined on quality of life (mental (MCS) and physical component summary (PCS) scores of the SF-12v2), as well as overall work impairment, controlling for demographics and patient characteristics. RESULTS: In the EU, 5848 patients (10.9%) were diagnosed, 2037 (3.8%) were self-reported, 13,168 (24.6%) were at-risk, and 32,471 (60.7%) were controls. In Japan, 884 (4.4%) were diagnosed, 162 (0.8%) were self-reported, 5681 (28.4%) were at-risk, and 13,273 (66.4%) were controls. After controlling for demographics and patient characteristics, differences among these groups were examined on quality of life (mental (MCS) and physical component summary (PCS) scores of the SF-12v2), as well as overall work impairment, controlling for demographics and patient characteristics. RESULTS: In the EU, 5848 patients (10.9%) were diagnosed, 2037 (3.8%) were self-reported, 13,168 (24.6%) were at-risk, and 32,471 (60.7%) were controls. In Japan, 884 (4.4%) were diagnosed, 162 (0.8%) were self-reported, 5681 (28.4%) were at-risk, and 13,273 (66.4%) were controls. After controlling for demographics and patient characteristics, differences among these groups were examined on quality of life (mental (MCS) and physical component summary (PCS) scores of the SF-12v2), as well as overall work impairment, controlling for demographics and patient characteristics. RESULTS: In the EU, 5848 patients (10.9%) were diagnosed, 2037 (3.8%) were self-reported, 13,168 (24.6%) were at-risk, and 32,471 (60.7%) were controls. In Japan, 884 (4.4%) were diagnosed, 162 (0.8%) were self-reported, 5681 (28.4%) were at-risk, and 13,273 (66.4%) were controls. After controlling for demographics and patient characteristics, differences among these groups were examined on quality of life (mental (MCS) and physical component summary (PCS) scores of the SF-12v2), as well as overall work impairment, controlling for demographics and patient characteristics. RESULTS: In the EU, 5848 patients (10.9%) were diagnosed, 2037 (3.8%) were self-reported, 13,168 (24.6%) were at-risk, and 32,471 (60.7%) were controls. In Japan, 884 (4.4%) were diagnosed, 162 (0.8%) were self-reported, 5681 (28.4%) were at-risk, and 13,273 (66.4%) were controls.

PHM18
THE EFFECT OF DIAGNOSED, SELF-REPORTED, AND AT-RISK DEPRESSION ON HEALTH-RELATED QUALITY OF LIFE AND WORK IMPAIRMENT IN JAPAN AND EUROPE
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OBJECTIVES: The aim of the current study was to establish the burden of depression (diagnosed, self-reported, and at-risk) in both Europe and Japan. METHODS: Data from the 2008 EU and 2008 Japan National Health and Wellness Survey (NHWS) were used. Patients were categorized into four groups: diagnosed depression, self-reported depression, at-risk for depression, and controls. Differences among these groups were examined on quality of life (mental (MCS) and physical component summary (PCS) scores of the SF-12v2), as well as overall work impairment, controlling for demographics and patient characteristics. RESULTS: In the EU, 5848 patients (10.9%) were diagnosed, 2037 (3.8%) were self-reported, 13,168 (24.6%) were at-risk, and 32,471 (60.7%) were controls. In Japan, 884 (4.4%) were diagnosed, 162 (0.8%) were self-reported, 5681 (28.4%) were at-risk, and 13,273 (66.4%) were controls.